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Application or Docket Number

	PATENT A				TERMINATIO er 29, 1999	ON RECORD		69/6	538	388	-
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN		
FOR NUMBER FILED NUMBER EXTRA				RATE	FEE	7	RATE	FEE			
BAS	ASIC FEE					345.0	OR	13 % A	690.00		
TOTAL CLAIMS 21 minus 20= · 1					X\$ 9:		OR	X\$18=	18:00		
NDI	EPENDENT CL	AIMS	1_	minus :	3 = :		X39=	:	OR	X78=	
MUI	MULTIPLE DEPENDENT CLAIM PRESENT +130=							_	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA		OR		758100
	CI	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY							THAN		
ENT A		REM AF	AIMS IAINING FTER NOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 12		Minus	20	=	X\$ 9:		OR	X\$18=	
ME	Ind pendent	•	1	Minus	*** /		X39=	•	OR	X78=	
~	FIRST PRESE	NTATIO	ON OF ML	ILTIPLE DEF	PENDENT CLAIM		+130	_ †	OR	+260=	
					,		TOT ADDIT. F	AL	OR	TOTAL ADDIT. FEE	
	15		lumn 1) LAIMS	,	(Column 2)	(Column 3)				, 	•
ENT B		REN	LAIMS MAINING IFTER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	• 3	?3	Minus	3/0	12	X\$ 9	=	OR	X\$18=	216
AME	Ind pendent	• ,	3	Minus	 3		X39=		OR	X78=	
\vdash	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=	OR		
201							TO	TAL	OR	TOTAL	2/6-0
١. ١	KLE	(Column 1) (Column 2) (Column 3)								ADDIT. FEE	p
ENTC		REM	LAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total		33	Minus	. 20	= 13	X\$ 9		OR	X\$18=	011
ME	Independent	·	3	Minus	··· 3·	= .	X39=	:	┪	V70	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							- 	OR		
	If the entry in cal-	ımn 1 ic	loce than t	ha antry in col	umn 2, write "0" in c	aluma 3.	+130		OR	+260=	<u> </u>
	If the "Highest Nu	umber P	reviously Pa	aid For IN TH	UMN 2, WILL O IT O IIS SPACE is less th IIS SPACE is less th	an 20, enter "20."	ADDIT. F		OR	ADDIT. FEE	
	The "Highest Nu	mber Pr	eviously Pa	id For (Total o	or Independent) is th	e highest number (ound in the	appropriate	box in c	olumn 1.	

FORM PTO-875 (Rev. 12/99)